

Screening using the Early Screening Inventory Preschool

PRESENTERS DETAILED AGENDA

1. What is screening? (OH/Slide 1)

- ✓ Developmental screening is a brief assessment procedure designed to identify children who might be at risk for a possible learning problem or delay
- ✓ Screening looks at children by quickly sampling their skills across areas of language, reasoning, gross motor, fine motor, and social development
- ✓ Screening is different from readiness tests in that it measures skills acquired largely by maturation rather than by experience and practice (although in the case of the ESI, there are a few items that measure skills that are more readiness focused-- counting, naming colors)
- ✓ Screening is always the first step in the assessment process-- it does not provide enough information to identify children as needing special education services

2. The following general steps are recommended when using a screening device: (OH/SLIDE 2)

1. Administer the developmental screening along with other types of screening (hearing, health, vision) to identify children who may need further evaluation (teachers and health professionals)
2. If screening results fall in the "refer" category, use a diagnostic assessment to determine the existence of delay/disability (psychologists, clinicians, child study team)
3. Develop and implement the individualized education plan (parents, teachers, child study team)

3. About the Early Screening Inventory- Revised (DISCUSS)

The original instrument was created in 1975 and some of the items were derived from the Stanford-Binet Intelligence test, the Denver, the Gesell schedules and the Illinois Test of Psycholinguistic Abilities. The instrument went through several revisions and standardization efforts. The preschool version was normed with 977 children in 1993

4. What's good about the ESI-R (OH/SLIDES 4, 5 About the Early Screening Inventory)

- ✓ It's very easy and quick to administer
- ✓ It's standardized on a large, diverse group of children from all ethnicities and socioeconomic backgrounds
- ✓ It over- instead of under-identifies that there might be a problem so you're not likely to miss kids

- ✓ Children's performance on the ESI-R is highly correlated with the cognitive section of the McCarthy Scales of Children's Abilities
- ✓ It tends to focus on developmental rather than experience-based attainments

5. Facts about the ESI: (OH/SLIDE About the Early Screening Inventory)

The ESI measures three main areas:

- ✓ Visual-Motor/Adaptive (block building, drawing, copying forms)
- ✓ Language and Cognition (verbal expression and memory)
- ✓ Gross Motor (jumping, hopping and other physical coordination tasks)

There are two versions; Preschool, ages 3 to 4 1/2, and Kindergarten, ages 4 1/2 to 6

The instrument takes 15-20 minutes to administer to each individual child

There are 25 items

For each item, the child receives from 0-3 points

Subscales are not scored-- only the total score is used when interpreting results

The ESI-R comes with a Parent Questionnaire, asking for similar information to that gathered by the enrollment form (with a few extra questions about child's development and interests)

The instrument is usually administered just before or within the first few weeks of school

6. What types of scores does the ESI produce? (OH/SLIDE 6)

The ESI yields three scores: Refer, Rescreen and OK. These scores are interpreted differently, depending on the age group.

Age range	Refer	Rescreen	OK
3.0-3.5	8 or less	9-13	14 or more
3.6-3.11	13 or less	14-15	16 or more
4.0-4.5	18 or less	19-20	21 or more

Refer-- children may be at risk for delay/disability-- refer for an in-depth, complete assessment

Rescreen-- use the screening again in 8 to 10 weeks to determine if the screening was accurate (also gather info from teachers and parents to help determine next steps)

OK-- child appears to developing normally

7. Involving Parents (OH 7)

Parents should know:

- ✓ What the screening is
- ✓ How it will be used
- ✓ Where and when it will take place
- ✓ What the results mean

Parents can be in the room and sitting near their child, but off to the side (although everyone may be more comfortable if parents wait outside)

Let parents know about the screening before and after it happens

It is recommended that parents of children who fall into rescreen or refer categories be contacted directly (phone or meeting)

8. Important Details (OH/SLIDE 8)

- ✓ Rapport is critical-- make sure child is comfortable-- let child play with the screening materials if he or she seems anxious (build in extra time for rapport)
- ✓ Use the words in the manual as much as possible, but try to be conversational
- ✓ Try to use a relatively quiet environment for the screening
- ✓ Calculate the child's "rounded age" prior to getting started (see page 12 of the manual). Children ages 4.0- 4.5 will be asked to do certain activities that children ages 3.0-3.11 will not
- ✓ If a child refuses more than three tasks, the overall score is invalid. Try again later.

9. Items just for children ages 4.0-4.5 (not for 3.0-3.11)--these are outlined on the score sheets (OH/SLIDE 9)

Item #	Activity
IA3	Gate by Imitation
IC	Draw A Person
IIA2	Five Block Counting
IIID	Hop

10. Frequently asked questions (DISCUSS)

How many children might fall into the refer category? Percentage of children who are predicted to fall into each category (according to Pearson):

- Refer: 5-7%
- Rescreen: 10-12%
- Ok: 81-85%

What do we do if a child falls into the re-screen category twice? Get information from the teacher and parents to decide if a referral is necessary. If you decide to wait to refer, be sure to re-screen the child in a few months to determine if he or she should be referred for an in-depth evaluation.

What do we do if the child is extremely upset or distracted during the screening, and only gets through the first couple of items? Don't push it. Wait a couple of weeks to let the child get to know the child, and administer the screening again.

Can a child's performance on the subscales (Visual/Motor Adaptive, Language/Cognition and Gross Motor) say something about the child's developmental skills in that area? No. There are too few items in each subscale to make generalizations about the child's abilities in that particular area.

11. Steps to screening (OH 11)

1. Tell parents about the screening in advance (**pass out and review sample parent letter**)
2. Gather your materials in a bag or box (**pass out and review screening materials sheet**)
3. Calculate the child's age (**see page 12 of manual and practice calculation**) and get the score sheet ready (the first few times you administer the screening, use a pencil to cross out any items you won't be administering)
4. Find your location and get the materials ready
5. Get to know the parent and child by talking to both (if the parent is in the room with you during the screening, you might ask them to fill out the parent questionnaire **pass out questionnaire**)
6. Tell the child that you are going to play some games together, and get started. Stick to the script on the score sheet as much as possible.
7. Use the score sheet as the child responds to each item by circling the appropriate number of points, "Fail" or "Refuse"
8. Take the time to make comments as you go so that you can look back when doing the final scoring
9. Go back and complete any un-scored items (e.g. for copy forms items)
10. Total up the score and refer to the chart (**OH/SLIDE number 6**) to see where child falls
11. Advise parents of results and refer for more detailed assessment (with parent permission), or set up time for re-screening if appropriate (**parent letter**)

12. Demonstration --- ask for a volunteer and walk through administration of the screening

13. Practice run ---

Have group break up into pairs. One person should be the administrator and one should be the child. Ask the administrator to practice administering the screen

14. Scoring

Provide practice scoring each picture.

15. WRAP UP